

The Delta Regional Authority J-1 Visa Waiver Program

Application Package Checklist

- Send the **original and two copies** directly to Delta Regional Authority.
- Place the U.S. Department Of State Case Number on all pages.
- Tab the application by the numbers listed below in the following order.
- Include the application processing fee of \$ 2,000.00 with application package.
- Make a check or money order payable to the Delta Regional Authority.
- Place the check or money order in a letter-size envelope stapled to the G-28, or if no G-28, staple to cover letter from the employer.

Each package must contain the following:

1. Letter of Opinion from Legal Representation

The attorney submitting the J-1 Visa waiver application should submit a letter of opinion to the Delta Regional Authority simply stating that to the best of their knowledge the information in the application is truthful, and that he / she believes the applicant is eligible for the J-1 visa waiver and an ensuing H-1B visa. The letter shall further state that to the best of their knowledge the facility in the application has followed all rules and regulations outlined by the Delta Regional Authority policy to request a J-1 Visa Waiver for a physician the facility wishes to employ.

2. G-28 if applicable, with check envelope attached

3. Cover letter

The employer shall submit a cover letter with original signature, on the facility's letterhead. The cover letter should be addressed to the Delta Regional Authority and state the facility is in a designated shortage area, provide the shortage area identifier number, and the Federal Information Processing Standards (FIPS) county code and census tract or block numbering area, and physical address. The cover letter should also include patient data for the facility to include numbers and percentages of Medicaid, Medicare, and Uninsured patients served

for the past three years. Furthermore, this letter also must contain current patient to physician ratios in the practice area.

4. DRA's J-1 Policy Guidelines

(Signed and dated by employer and physician; original signatures required.)

5. J-1 Affidavit and Agreement

(Signed and notarized by the physician.)

6. Department of State Data Sheet and Department of State Case Number

(2 copies of each) (Applicant must have Case Number prior to submitting application.)

7. Curriculum Vitae, including Social Security Number

8. Notarized Department of State Exchange Visitor Attestation Form.

9. Copy of executed employment contract.

(Employment contract should include name of facility, facility's address, signed and dated by physician and employer.)

10. Proof of Prevailing Wage Data

(From the U.S. Department of Labor indicating the Level I and Level II wage for the position in the practice area.)

11. Documentation of employer's regional and national recruitment efforts.

As stated in the DRA J-1 Visa Waiver Program Guidelines, Advertisements should be conducted at three levels:

- (1) in publications which are national in scope,*
- (2) in-state publications, and;*
- (3) written notifications to the respective state's medical schools.*

Documentation should include copies of advertisements for this job published in newspapers, journals, state medical schools, mail-outs, etc., and other supporting documentation which demonstrates good faith efforts in giving American physicians an opportunity to apply. Additional documentation may also be included regarding written statements of other recruitment activity including phone conversations, personal visits, etc.

Examples of out-of-state publications which are acceptable include newspapers with national circulation (such as the Atlanta Journal or Washington Post) or medical journals (such as JAMA or the New England Journal of Medicine).

Examples of in-state publications which are acceptable include newspapers with major in-state circulation (such as The Birmingham News, The Arkansas

Democrat Gazette, or The Tennessean) or in-state medical journals or publications.

12. Proof of Current HPSA, MUA, MUP or MHPSA designation.

13. Letters of community support

The application must include at least three letters of support. A minimum of two letters must be provided by practicing physicians in the area who are permanent residents or U.S. citizens. The other letter(s) may come from community leaders or local elected officials. In cases where there are not two physicians described above available, physicians described above in the closest proximity will satisfy this requirement.

14. Letters of recommendation

(Letters may come from those who know the J-1 physician's qualifications, such as medical directors who oversaw the physician's residency training.)

15. Copies of physician's diplomas, licenses, board certifications, etc.

16. Proof of facility's existence

(Facilities must provide proof of existence such as business license, occupancy permit, phonebook listing, etc.)

17. Copy of facility's posted public notice of sliding fee payment arrangement

18. List of all psychiatrists or primary care physicians in the county or parish, and their fields of practice.

(For cities with populations less than 100,000; Include current physician to patient ratios in the practice area)

19. Copy of complete passport

(including all blank pages).

20. Readable copies of J-1's IAP-66/DS-2019 forms

(For entire period in J-1 Status; from entry to present.)

21. Copy of Form I-94

(Front and back).

22. Physician Statement

A personal statement from the physicians stating the reasons for not wishing to fulfill the two-year country residence requirement to which the physician agreed to at the time of accepting the exchange visitor status. The statement should further include the physician's reasons for practicing in this particular field of medicine, how their expertise could impact the patients in the locality, and the reasons for accepting the employment contract with the facility in the application.